## **FORM D**

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEC Mail Processing Section

## **FORM D**

JUN - 4 2003 NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

110 UNIFORM LIMITED OFFERING EXEMPTION

Manually	Sign	ed		
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Ō	MB Nun	nber:	323	5-0076
E	kpires:	May	31,2	800
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l ho	ours per	respor	1SB	16.00

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DATE R	ECEIVED						
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Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
First Juice, Inc. Series C Preferred Stock Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	<del></del>
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
First Juice, Inc.  Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
477 Route 10 East, Suite 201, Randolph, NJ 07869	917-841-8294
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
D. CD. J. C. CD. J. C.	PROCESSED
Brief Description of Business  Development, manufacture and distribuition of organic, low-sugar beverages for children.	INCOLOGED
Development, manufacture and distribution of organic, fow-sagar bevorages for simulation	JUN 1 2 2008
Type of Business Organization	<b>X</b> -
corporation limited partnership, already formed other (	please specify) THOMSON REUTERS
business trust Infinited partnership, to be formed	
Month Year  Actual or Estimated Date of Incorporation or Organization: 0 2 0 7 Actual Esti  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State  CN for Canada; FN for other foreign jurisdiction)	mated e: DE
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given which it is due, on the date it was mailed by United States registered or certified mail to that address.	s. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	1549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	
Information Required: A new filing must contain all information requested. Amendments need only repethereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	ort the name of the issuer and offering, any changes blied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal e appropriate federal notice will not result in a loss of an available state exemption unl filing of a federal notice.	exemption. Conversely, failure to file the ess such exemption is predictated on the

7 <b>4</b> 27 800 00		**	A. BASIC ID	ĖŅŢŲ	FICATION DATA	•	**	•	
2. Enter the information re									
Each promoter of to	the issuer, if the iss	uer has be	en organized w	ithin	the past five years;				
Each beneficial ow	ner having the pow	er to vote o	or dispose, or di	rect th	e vote or disposition	of, 10	% or more o	of a clas	s of equity securities of the issuer.
Each executive off	icer and director of	f corporate	issuers and of	corpo	rate general and mar	naging	partners o	f partne	rship issuers; and
	nanaging partner o	-		•	•		•	-	·
			-				<del></del>		
Check Box(es) that Apply:	Promoter	<b>∠</b> Ben	eficial Owner	Ø	Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, i Glasser, David	f individual)								
Business or Residence Addre 477 Route 10 East, Suite	•			o <b>de</b> )					
Check Box(es) that Apply:	Promoter	☐ Ber	neficial Owner		Executive Officer	Z	Director		General and/or Managing Partner
Full Name (Last name first, i Allan H. Carlin	f individual)								
Business or Residence Addre	•	Street, Cit	y, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter	☐ Ben	neficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, i Laughlin, Scott	f individual)			•					
Business or Residence Addre	ss (Number and	Street, Cit	y, State, Zip Co	ode)					
477 Route 10 East, Suite	201, Randolph,	NJ 0786	9						
Check Box(es) that Apply:	Promoter	☑ Ben	seficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)			•		•			
Thomas, Cheryl									
Business or Residence Addre	ss (Number and	Street, Cit	y, State, Zip Co	ode)					
477 Route 10 East, Suite	201, Randolph	NJ 0786	69						
Check Box(es) that Apply:	Promoter	☐ Ben	neficial Owner		Executive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, i Julie Smolyansky	f individual)					·			
Business or Residence Addre				ode)					
					Everyting Officer	_	Disector		Canaral and/or
Check Box(es) that Apply:	Promoter	<b>⊘</b> Ben	eficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Lifeway Foods, Inc.	f individual)								
Business or Residence Addre 6431 West Oakton Aven	•		y, State, Zip Co 953	od <b>e</b> )					
Check Box(es) that Apply:	Promoter	☑ Ben	neficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Vayikra Capital, LLC	f individual)								
Business or Residence Addre One Farmstead Road, SI			y, State, Zip Co	ode)					

		A. BASIC ID	ENTIFICATION DATA		· · · · · · · · · · · · · · · · · · ·						
2. Enter the information re	quested for the fo	llowing:									
<ul> <li>Each promoter of t</li> </ul>	he issuer, if the is	suer has been organized w	vithin the past five years;								
<ul> <li>Each beneficial ow</li> </ul>	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issued										
Each executive off	icer and director o	f corporate issuers and of	corporate general and ma	naging partners of	partnership issuers; and						
<ul> <li>Each general and r</li> </ul>	nanaging partner o	of partnership issuers.									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, i Klausner, Robert	f individual)										
Business or Residence Addre 477 Route 10 East, Suite		_	ode)								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, i	f individual)										
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, i	f individual)										
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, i	f individual)										
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, i	f individual)		, , , , , , , , , , , , , , , , , , , ,								
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, i	f individual)										
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner						
Full Name (Last name first, i	f individual)	******									
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ede)								
	(Use blan	nk sheet, or copy and use	additional copies of this s	heet, as necessary)							

			<u>,                                     </u>		B. IN	FORMATI	ON ABOU	i offeri	NG				>
1.	Answer also in Appendix, Column 2, if filing under ULOE.									Yes	No <b>ES</b>		
2.	2. What is the minimum investment that will be accepted from any individual?									Yes	No		
3.	Does the	e offering (	permit joint	ownership	p of a sing	le unit?	,				***************************************	I €S	
4.	and the second s												
Ful	l Name (l	Last name	first, if indi	vidual)						-			
Bu	siness or l	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)						
Nai	me of Ass	sociated Br	oker or Dea	aler									<del></del>
840	tes in Wh	ich Parcon	Listed Has	Solicited	or Intende	to Solicit I	Purchasers		<del></del> -				
القاد			i Lisieu rias i" or check							******************		☐ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
	Full Name (Last name first, if individual)												
Bu	siness or	Residence	: Address (N	Number an	d Street, C	City, State, 2	Zip Code)						
Na	me of Ass	sociated Bi	roker or Dea	aler	<u> </u>	-						•	
Sta			Listed Has										
	(Check	"All State:	s" or check	individual	States)		***************************************	***************************************		••••••	*****************	^I	1 States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Fu	ll Name (	Last name	first, if indi	ividual)									
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
	(Check	"All State	s" or check	individual	l States)					•••••		☐ A	ll States
	AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI									HI MS OR WY	MO PA PR		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box  $\square$  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Aggregate Offering Price Sold Type of Security Debt .......\$ ☐ Common ☐ Preferred Partnership Interests .......\$ ) ......**s**\_\_\_ Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases s 1,563,222.00 \$ 0.00 Non-accredited Investors ...... 0 Total (for filings under Rule 504 only) ..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Dollar Amount Security Sold Type of Offering Rule 505 ..... Regulation A ..... Rule 504 ..... \$ 0.00 Total ..... Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees ..... Printing and Engraving Costs..... **\$** 12,000.00 Legal Fees..... Accounting Fees .....

\$ 3,120.00

15,120.00

Other Expenses (identify) Blue Sky filings, miscellaneous

Total .....

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND USE OF I	ROCLEDS		
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — C proceeds to the issuer."	Question 4.a. This difference is the "adjusted gross		\$	
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross			
			Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees		🖸 \$ <u>\$0</u> 0,000.00	, 🗆 <b>s</b>	
	Purchase of real estate		<u></u> \$	<b>\$</b>	
	Purchase, rental or leasing and installation of mach and equipment	ninery	<b>☑</b> \$ <u>300,000.00</u>	\$	
	Construction or leasing of plant buildings and facil	lities	\$	<b></b> \$	
	Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	□\$	□\$	
	Repayment of indebtedness			_	
	Working capital				
	Madiation			\$	
	Distribution		<b>250,000.00</b>	\$	
	Column Totals				
	Total Payments Listed (column totals added)			548,103,00	
		D. FEDERAL SIGNATURE			
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furr information furnished by the issuer to any non-accr	nish to the U.S. Securities and Exchange Commi	ssion, upon writte	le 505, the following n request of its staff	
Iss	uer (Print or Type)	Signature /	Date		
F	inst Juice, Inc.	1/2/am	06/02/08		
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)			
Da	vid Glasser	CEO			

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)